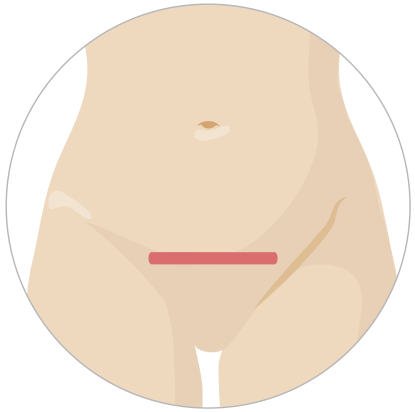
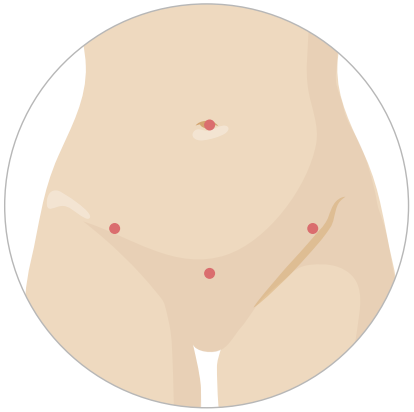
# Hysterectomy for Benign Conditions

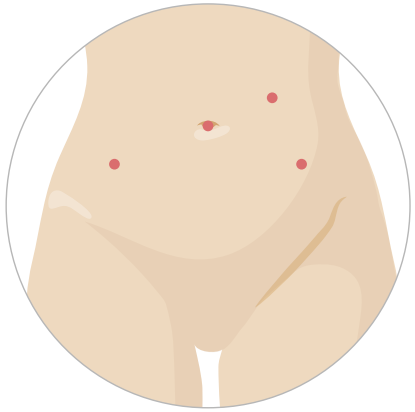
## Surgical Incision Comparison



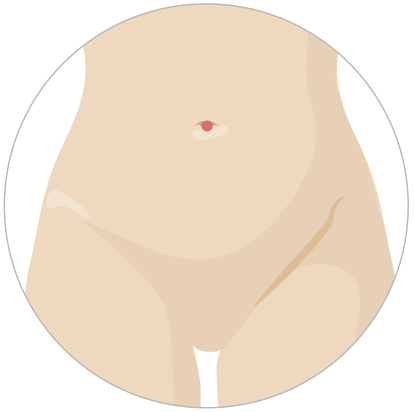
Open Surgery



Traditional Laparoscopic Hysterectomy

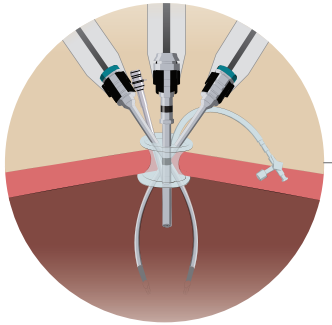


*da Vinci*® Hysterectomy (Multi-port)



*da Vinci Single-Site*® Hysterectomy or Traditional Laparoscopic Single Incision Hysterectomy*

**Traditional laparoscopic single incision hysterectomy is not a widely available surgical procedure.*



*da Vinci Single-Site* instruments inserted through one incision in the bellybutton

5 Minutes After Surgery (Real patient photo, *da Vinci Single-Site* Hysterectomy)**

***Results, including cosmetic results, may vary.*

*da Vinci*® Surgery with *Single-Site*® Instruments is cleared for use in gallbladder removal, and for hysterectomy and ovary removal for benign conditions. Patients who are not candidates for non-robotic minimally invasive surgery are also not candidates for *da Vinci* Surgery, including *da Vinci* Surgery with *Single-Site*® Instruments. There may be an increased risk of incision-site hernia with single-incision surgery, including *Single-Site* surgery with *da Vinci*. Please also refer to www.daVinciSurgery.com/Safety for Important Safety Information.

da Vinci Surgery

# Potential Patient Benefits of *da Vinci*® Hysterectomy

for Benign Conditions (multi-port)

Compare to: Open Surgery

- **Fewer complications**[1]
- **Minimal scarring**

Compare to: Open & Traditional Lap Surgery

- **Less blood loss**[1-2]
- **Shorter hospital stay**[1-4]

Compare to: Traditional Lap Surgery

- **Lower conversion rate to open surgery**[2]
- **Less need for narcotic pain medicine**[5-6]

## Potential Risks Related to Hysterectomy, including *da Vinci* Hysterectomy:

Injury to the ureters (ureters drain urine from the kidney into the bladder), vaginal cuff problem (replaces cervix), scar tissue in vaginal incision, infection, bacterial skin infection, pooling/clotting of blood, incision opens or separates, injury to bladder (organ that holds urine), bowel injury, vaginal shortening, problems urinating (cannot empty bladder, urgent or frequent need to urinate, leaking urine, slow or weak stream), abnormal hole from the vagina into the urinary tract or rectum, vaginal tear or deep cut. Uterine tissue may contain unsuspected cancer. The cutting or morcellation of uterine tissue during surgery may spread cancer, and decrease the long-term survival of patients.

**Learn more at www.daVinciSurgery.com**

# What is *da Vinci* Surgery?

## A Minimally Invasive Surgical Option

Using the *da Vinci* Surgical System, surgeons operate through just a few small cuts (incisions). The *da Vinci* System features a magnified 3D high-definition vision system and tiny wristed instruments that bend and rotate far greater than the human wrist. As a result, *da Vinci* enables your surgeon to operate with enhanced vision, precision, dexterity and control. **Since 2000, over 2 million patients have had minimally invasive *da Vinci* Surgery worldwide.**

## Important Information for Patients

Serious complications may occur in any surgery, including *da Vinci*® Surgery, up to and including death. Examples of serious or life-threatening complications, which may require prolonged and/or unexpected hospitalization and/or reoperation, include but are not limited to, one or more of the following: injury to tissues/organs, bleeding, infection and internal scarring that can cause long-lasting dysfunction/pain. Risks of surgery also include the potential for equipment failure and/or human error. Individual surgical results may vary.

Risks specific to minimally invasive surgery, including *da Vinci* Surgery, include but are not limited to, one or more of the following: temporary pain/nerve injury associated with positioning; temporary pain/discomfort from the use of air or gas in the procedure; a longer operation and time under anesthesia and conversion to another surgical technique. If your doctor needs to convert the surgery to another surgical technique, this could result in a longer operative time, additional time under anesthesia, additional or larger incisions and/or increased complications.

Patients who are not candidates for non-robotic minimally invasive surgery are also not candidates for *da Vinci*® Surgery. Patients should talk to their doctor to decide if *da Vinci* Surgery is right for them. Patients and doctors should review all available information on non-surgical and surgical options in order to make an informed decision. For Important Safety Information, including surgical risks, indications, and considerations and contraindications for use, please also refer to www.davincisurgery.com/safety and www.intuitivesurgical.com.

REFERENCES

1. Landeen LB, *et al.* S D Med. 2011 Jun;64(6):197-9, 201, 203 passim. 2. Payne, T. N. and F. R. Dauterive. J Minim Invasive Gynecol, 2008;15(3): 286-291. 3. Giep BN, Giep HN, Hubert HB. J Robot Surg. 2010 Sep;4(3):167-175. Epub 2010 Aug 10. 4. Martino MA, *et al.* J Minim Invasive Gynecol. 2014 May-Jun;21(3):389-93. Epub 2013 Oct 26. 5. Shashoua AR, Gill D, Locher SR. JSLS. 2009 Jul-Sep;13(3):364-9. 6. Betcher R, *et al.* Oral presentation, Presented at: AAGL 2012.

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